

## Interpreter's/Translator's statement

Complete this statement if you acted as an interpreter/translator when either of the following documents was signed:

- an Enduring Power of Attorney (for personal/health or financial matters)
- an Advance Health Directive.

The statement must be added to the original document, and witnessed by the same person who witnessed the signing of that document.

Note: You must be a qualified interpreter/translator, registered with the National Accreditation Authority for Translators and Interpreters.

### This statement is an annexure (attachment) to:

\_\_\_\_\_,  
[Write here the title of the document that you translated, e.g. 'Enduring Power of Attorney']  
dated [write here the date when the document was signed] \_\_\_\_\_

I, \_\_\_\_\_,  
[Write your full name here]

certify that, before the attached document was signed by the principal,

\_\_\_\_\_,  
[Write here the full name of the principal]

I translated the document into the \_\_\_\_\_ language,  
[Write here the language used]

and, in the presence of the witness, read the translation to the principal, who is unable to speak or read the English language well enough to understand the original. When I read the translation of the document to the principal, he/she appeared to fully understand its nature, meaning and effect.

\_\_\_\_\_  
[You sign here]

\_\_\_\_\_  
[Write your qualifications here]

\_\_\_\_\_  
[Your witness signs here]

\_\_\_\_\_  
[Witness writes the date here]

**When completed, this statement MUST be attached to the document named above.**

